

Interview Summary	Application No. 10/626,415	Applicant(s) WEISGRABER ET AL.	
	Examiner Dr. Kailash C. Srivastava	Art Unit 1657	

All participants (applicant, applicant's representative, PTO personnel):

(1) Dr. Kailash C. Srivastava, Examiner. (3)_____.

(2) Ms. Carol Francis, Applicants' Representative. (4)_____.

Date of Interview: 10 July 2008.

Type: a) ☒ Telephonic b) ☐ Video Conference
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☒ No.

If Yes, brief description: NONE.

Claim(s) discussed: Those of Record.

Identification of prior art discussed: That of Record.

Agreement with respect to the claims f) ☒ was reached. g) ☐ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Applicants' Representative allowed the Examiner to insert, "about in Claims 1, 21 and 24-27 at the places where said word was deleted at Claim 1, Lines 2 and 4, Line 2 of each of Claims 21 and 24-25 and at each of Lines 2 and 3 of each of Claims 26-27 in view of rejection under 35 U.S.C. 2nd Paragraph in the Office Action mailed 18 March 2008 to bring the pending Claims in the instant application in a better condition for allowance."

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action. _____
Examiner's signature, if required